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FORM	First Na	med Inventor	enk, Dale B.	ık, Dale B.				
(to be used for all correspondence after	Group A	art Unit	1647	7	S	EP 1	9	
	Examine	er Name	Shar	on L. Turner	TEALL			
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	ENCLO	OSURES (	(check all that apply)					
Fee Transmittal Form (PTO/SB/17) (1 page, in duplicate)		ment Paper Application)	rs	After Allowance Communication to Group				
Fee Attached	☐ Drawin	ng(s)		Appeal Communication to Board of Appeals and Interferences  Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please identify below):				
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Townsend and Townsend and Crew LLP Firm Reg. No. 42,397 Rosemarie L. Celli Individual name Signature September 12, 2002 Date

**CERTIFICATE OF MAILING** 

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Response to Missing Parts/ Incomplete Application

> Response to Missing Parts under 37 CFR 1.52 or 1.53

I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to Address" service under 37 CFR 1.10 on this date September 6, 2001 and is addressed to: Assistant Commissioner for Patents

Washington, D.C. 20231 on September 12, 2002.

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comments on the amount of time you are required to complete this form should be send to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. PA 3249597 v1

Date

September12, 2002

PTO/SB/17 (11-01) Approved for use 3...-Jugh 10/31/2002. OMB 0651-0032

Filing Date May 26, 2000 RECE  Filing Date May 26, 2000 RECE  First Named Inventor Schenk, Dale B.  First Named Inventor Schenk, Dale B.  TOTAL AMOUNT OF PAYMENT (\$) 1960 Examiner Name Turner, Sharon  From Payment (check all that apply)  Check Credit Card MoneyOrder Other None  Deposit Account:  Deposit Account Number  Deposit Account Number  Deposit Account Number  Commissioner is authorized to: (check all that apply)  Charge fee(s) indicated below Credit any overpayments  Charge any additional fee(s) during the pendency of this application  Charge fee(s) indicated below, except for the filling fee  TEE CALCULATION  BASIC FILING FEE  Inge Entity  May 26, 2000  May 26, 2000  May 26, 2000  May 26, 2000  First Named Inventor Schenk, Dale B.  May 26, 2000  Fexaminer Name  Turner, Sharon  Tu	EEE TOANGMITTAI						Complete If Known						
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METHOD OF PAYMENT (check all that apply)   Shall Entity   Fee Description   Payment   Conditional force)   Condi	Applicant claims small entity status. See 37 CFR 1.27					Exam	Examiner Name Tu			urner, Sharon SET			
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ommissioner is authorized to: (check all that apply) harge ene(s) indicated below Coredit any overpayments harge ene(s) indicated below except for the filing fee above-identified deposit account.  FEE CALCULATION  SASIC FILING FEE Entity Small Entity Fee Fee Fee Fee Peable 115 110 215 55 Extension for reply within first month below in the filing fee 115 110 216 216 200 Extension for reply within first month below in the filing fee 217 460 Extension for reply within forth month 116 218 720 Extension for reply within forth month 117 218 720 Extension for reply within forth month 118 118 118 118 118 118 118 118 118 11	ount	Towns	end and To	ownsend and	Crew LLP								
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SUBTOTAL (1)  (5)  142 1,280 242 640 Utility issue fee (or reissue)  XTRA CLAIM FEES FOR UTILITY AND REISSUE  Fees from below Fee Paid  Claims -20** =					<u> </u>							<u> </u>	
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me (Print/Type) Rosemarie Celli Registration No. (Attorney/Agent) 42/397 Telephone 650-326-2400						<b>1</b>							

Signature Date September 12, 2002

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